

# Foster Family Home - Corrective Action Report

Provider ID: 1-200009

Home Name: Floriefe Agonias, NA

Review ID: 1-200009-3

94-312 Paiwa Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/6/2021

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Recertification inspection for a 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of corrections due to CTA within 30 days.

6.(d)(1)- see applicable sections of the review

## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#3's APS/CAN/Fingerprinting lapsed on 7/18/19 and renewed on 9/30/19. CG#5's APS/CAN/Fingerprinting lapsed on 11/21/2020 and renewed on 12/10/2020.

## Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- CG#5 without an evidence of having had training in confidentiality policies and procedures and client privacy rights.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(g)- No Basic Skills Checklist done for CG#3 and CG#4 on Client #1.

## Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegation done on Oral Medications Administration for CG#3 and CG#4 on Client #1.

# Foster Family Home - Corrective Action Report

## Foster Family Home

## Grievance

[11-800-45]

45. The community care foster family home shall have policies and procedures by and through which a client may present grievances about the operation or services of the home. The policies shall include a provision that a client may choose to present any grievance directly to the department of health. The home shall:
- 45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;
- 45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and
- 45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45.(1), (2), (3)- No completed Admission Policy and Agreement done upon Client #1's admission to the CCFFH.

## Foster Family Home

## Fire Safety

[11-800-46]

- 46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- No completed monthly fire drill for the months of 7/2020, 10/2020, 11/2020 and 12/2020 seen in the CCFFH binder.

## Foster Family Home

## Records

[11-800-54]

- 54.(a)(3) A list of applicable community resources.

Comment:

54.(a)(3)- No Resource List seen in the CCFFH binder.

Thaikel Nakawine, M  
Compliance Manager

AS  
Primary Care Giver

1/6/2021  
Date

01/06/2021  
Date

CTA RN Compliance Manager: MARIBEL NAKAMINE, RN

**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: FLORIEE G. AGONIAS  
(PLEASE PRINT)CCFFH Address: 94-312 PAIWA ST. WAIKAPU H1. 96797  
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8(a)(1) (a)(2)	LAPSED APS / CAN / FINGER PRINT CANNOT BE CORRECTED	01/10/21	PCG WILL CREATE A CALENDAR FOR EACH SCG DOCUMENTS RE-NEWAL DATE TO PREVENT FUTURE LAPSES.
116(b)(5)	PCG REVIEWED THE CONFIDENTIALITY POLICIES AND PROCEDURES, & CLIENT PRIVACY RIGHTS & CG #5. I FILED SIGNATURE SHEET IN MY HOME BINDER.	01/10/21	IN THE FUTURE, ALL NEW CG, & HHM WILL RECEIVE THIS TRAINING WITHIN 10 DAYS OF BEING ADDED TO THE HOME.
4.(g)	OBTAINED CG #3 (1/13/21) & CG #4 (1/26/21) SKILLS CHECK IN CLIENT #1. CHART WAS PLACED ON BINDER.	01/13/21 and 01/26/21	WILL NOTIFY CMA THAT RN DELEGATION BE PERFORMED TO A CAREGIVER BEFORE RENDERING SERVICE TO A CLIENT.

☒ All items that were fixed are attached to this CAPPCG's Signature: Date: 02/02/21☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: MARIBEL NAKAMINE, RN

**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: FLORENE G. AGONIAS

(PLEASE PRINT)

CCFFH Address: 94-312 PAWA ST. WAIKAKAHI HI. 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
43(C)(3)	RN DELEGATION DONE ON ORAL MEDICATION ADMINISTRATION FOR CG #3, & CG #4 ON CLIENT.	01/13/21 01/26/21	PCG WILL COMMUNICATE WITH THE RN TO MAKE DELEGATION ON ADMINISTERING MEDICATIONS & SHOULD BE DONE BEFORE SGG PROVIDE CARE TO THE CLIENT.
45(1)	INFORMED THE CLIENT POA ABOUT THE GRIEVANCE POLICIES & PROCEDURE & THE RIGHT TO APPEAL IN A GRIEVANCE SITUATION.	01/18/21	UPON ADMISSION, I WILL INFORM THE CLIENT LEGAL REP. OF THE GRIEVANCE POLICIES & PROCEDURE & THE RIGHT TO APPEAL.
45(2)	PROVIDED THE CLIENT POA A COPY OF GRIEVANCE POLICIES & PROCEDURE, W/C INCLUDES THE NAME, TEL. #, OF THE INDIVIDUALS TO BE CONTACTED.	01/18/21	UPON ADMISSION, HOME WILL PROVIDE A COPY OF THE GRIEVANCE POLICIES & PROCEDURE TO THE CLIENT POA WHICH INCLUDE NAME & TEL. # OF THE INDIVIDUALS WHO WILL BE CONTACTED TO REPORT A GRIEVANCE.

☒ All items that were fixed are attached to this CAPPCG's Signature: [Signature]Date: 02/02/21☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine, RN

**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: FLORIE G. AGONIAS  
(PLEASE PRINT)CCFFH Address: 94-312 PAIWA ST. WAIKAPAHU HI. 96797  
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
45(3)	OBTAINED SIGNED ACKNOWLEDGEMENT FROM CLIENT POA	01/18/21	UPON ADMISSION, HOME WILL MAKE SURE TO LET THE CLIENT POA READ & DISCUSS WITH THEM & OBTAIN SIGNATURE ABOUT THE POLICIES & PROCEDURE.
46(9)	FIRE DRILL LAPSED CANNOT BE CORRECTED	01/20/21	HOME WILL MAKE SURE TO CONDUCT MONTHLY FIRE DRILL. SCHEDULE SCG TO CONDUCT & LEAD FIRE DRILL AT LEAST ONCE A YEAR.
54(9)(3)	OBTAINED A COPY OF RESOURCE LIST, & PLACED IT ON MY BINDER.	01/12/21	HOME WILL ALWAYS CHECK & MAKE SURE TO HAVE ALL THE REQUIRED FORMS/DOCUMENTS ON FILE.

☒ All items that were fixed are attached to this CAPPCG's Signature: Date: 02/02/21☒ CTA has reviewed all corrected items